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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/647004** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		1				
4		1				
5		1				
6		1				
7		1				
8						
9						
10						
11						
12						
13						
14		1				
15		1				
16						
17		1				
18		1				
19						
20		1				
21		1				
22		1				
23		1				
24	1		1			
25						
26						
27						
28						
29						
30						
31		3				
32						
33						
34		1				
35		1				
36		1				
37		1				
38		1				
39						
40						
41						
42		1				
43		1				
44		1				
45		1				
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55						
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73		1				
74		1				
75		1				
76						
77		1				
78		1				
79						
80	1	1				
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		↓	78	↓		↓
TOTAL CLAIMS			80			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
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